

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|-----------|----------|
| FEE DETERMINATION | C.E. | | 08/04/01 |
| O.I.P.E. CLASSIFIER | | | 9/12/01 |
| FORMALITY REVIEW | L.W.B. | 48 625 | 10/9/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

| | | | |
|------------------------|------------|---------|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral)... | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

BEST AVAILABLE COPY

| Claim | Final | Original | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here